

Work Order ID 112039

\*112039\*

Page 1

January-28-14 2:59:13 PM

Item ID: D4634-141

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Stop \*NS2\*

Item Name: Fwd, Center Ceiling Replacement Panel Assembly

Start Date: 29/01/2014 Start Qty: 1.00

\*\*

Cust Item ID:

Required Date: 24/02/2014 Req'd Qty: 1.00

\*\*

Customer:

Reference:

Approvals: Process Plan: MP Date: 14-01-28 Tooling:

Date:

Run Start \*NR1\*

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_

Date:

Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
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D4634	E
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100

0.00

\*100\*

HandThermo

Memo

0.00

Hand Finishing Thermoforming

Pick Kit

① SAD 14/02/26

110

0.00

\*110\*

Small Fab

Memo

0.00

Small Fab

Assemble as per Dwg D4634-141

Scotch-Weld 1300c B# m127913

1- Locate and glue down Channel Assy, angles, brackets, and mounting pads using 3M Plastic welder II.

Batch # m127913Expiry Date 7/10/2014

2- Apply labels as per Dwg. and seal with 3M 3950 edge sealer

B# m124725

① SAD 14/02/26

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Work Order ID 112039

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Page 2

January-28-14 2:59:13 PM

Item ID: D4634-141 Accept \*N900040100\* Setup Start \*NS1\*  
 Revision ID: Stop \*NS2\*  
 Item Name: Fwd, Center Ceiling Replacement Panel Assembly  
 Start Date: 29/01/2014 Start Qty: 1.00 \*1\* Cust Item ID:  
 Required Date: 24/02/2014 Req'd Qty: 1.00 \*1\* Customer:  
 Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start \*NR1\*  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
120 *120* QC Quality Control	QC5- Inspect dimensions to drawing Memo	0.00 0.00		540 14/6/26		1			
125 *125* QC Quality Control	QC5- Inspect part completeness to step on W/O Memo	0.00 0.00		540		1/√			
130 *130* Packaging Packaging	Identify as per dwg & Stock Location: <u>med</u> <u>Fab</u> Memo	0.00 0.00				①	SHD	14/6/26	

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



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Offset/Setup									
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### FAULT CATEGORY

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Work Order ID 112039

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Page 3

January-28-14 2:59:13 PM

Item ID: D4634-141 Accept \*N900040100\* Setup Start \*NS1\*  
Revision ID: Stop \*NS2\*  
Item Name: Fwd, Center Ceiling Replacement Panel Assembly  
Start Date: 29/01/2014 Start Qty: 1.00 \*1\* Cust Item ID:  
Required Date: 24/02/2014 Req'd Qty: 1.00 \*1\* Customer:  
Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start \*NR1\*  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
140	QC21- Final Inspection - Work Order Release	0.00							
*140*									
QC	Memo	0.00							
Quality Control									

ML 14-02-27

ME 14-2-26

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



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### FAULT CATEGORY

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January-28-14 2:59:51 PM

**\*1 12039\***

**\*D4634-141\***

**Required Qty: 1.00**

**Comments:** IPP Rev A New Issue 13/02/05 DL VERIFIED BY:JLM IPP Rev. B  
Dwg. Update 13/07/09 DL verf: DD IPP Rev. C Dwg Update  
remove channels add Foam 13/12/23 DL IPP REV D 14/01/20 Dwg Update  
DL

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D5021-1		Manufactured	No			100	Each	0.0000	1	1			
<b>*D5021-1*</b>								B111999	**			SAD 14/02/24	
Foam, Center Panel, Fwd													
MS20426AD3-4		Purchased	No			100	Each	10,547.00	4	4			
<b>*MS20426AD3-4*</b>									**			4 CF 14-2-25	
RIVET													
				<u>Location</u>				<u>Loc Qty</u>		<u>Loc Code</u>			
				ST334				4000					
					m127432			4000					
				ST509				6547					
					125578			6547					
MS20426AD4-6		Purchased	No			100	Each	3,028.000	2	2			
<b>*MS20426AD4-6*</b>									**			CF 14-2-25	
Rivet													
				<u>Location</u>				<u>Loc Qty</u>		<u>Loc Code</u>			
				GA				1582					
					m126474			1582					
				ST334				1446					
					124392			1446				2	
MS21059L08		Purchased	No			100	Each	1,102.000	2	2			
<b>*MS21059L08*</b>									**			SAD 14/02/25	
Nut													
				<u>Location</u>				<u>Loc Qty</u>		<u>Loc Code</u>			
				ST508				1102					
					125654			1102				2	

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



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# Picklist Print

January-28-14 2:59:51 PM

Page 2

Work Order ID: 112039

**\*112039\***

Parent Item: D4634-141

**\*D4634-141\***

Parent Item Name: Fwd, Center Ceiling Replacement Panel Assembly

Start Date: 29/01/2014

Required Date: 24/02/2014

Start Qty: 1.00

Required Qty: 1.00

D4634-1 Manufactured No

100 Each 0.0000 1 1

**\*D4634-1\***

Fwd, Center Ceiling Panel

D4636-5 Manufactured No

100 Each 33.0000 1 1

**\*D4636-5\***

Bracket

Location

Loc Qty

Loc Code

ST115

33

111230

33

3 111978

100 Each 5.0000 1 1

D4647-5 Manufactured No

**\*D4647-5\***

Doubler

Location

Loc Qty

Loc Code

ST116

5

111236

5

100 Each 46.0000 6 6

D4664-5 Manufactured No

**\*D4664-5\***

Spacer

Location

Loc Qty

Loc Code

prelim

46

111711

46

100 Each 6.0000 1 1

D4712-1 Manufactured No

**\*D4712-1\***

Bracket

Location

Loc Qty

Loc Code

prelim

2

110411

2

ST121

4

111162

4

B107042

Shop Packet Print

January-28-14 2:59:51 PM

Page 2

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



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Work Order update only ☐

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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
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Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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# Picklist Print

January-28-14 2:59:51 PM

Page 3

Work Order ID: 112039

**\*112039\***

Parent Item: D4634-141

**\*D4634-141\***

Parent Item Name: Fwd, Center Ceiling Replacement Panel Assembly

Start Date: 29/01/2014

Required Date: 24/02/2014

Start Qty: 1.00

Required Qty: 1.00

D4732-15 Manufactured No

100 Each 19.0000 1 1

**\*D4732-15\***

**\*\***

1 CF 14-2-25

Label

Location

Loc Qty

Loc Code

ST122

19

111246

15

93220

4

D4732-19 Manufactured No

100 Each 19.0000 1 1

**\*D4732-19\***

**\*\***

1 CF 14-2-25

Label

Location

Loc Qty

Loc Code

ST122

19

111248

15

93356

4

MPNY-750S-9-C Purchased No

100 Each 930.0000 8 8

**\*MPNY-750S-9-C\***

**\*\***

SAD 4/02/24

Mounting Pad

Location

Loc Qty

Loc Code

ST390

930

124058

1

M127960

929

8

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

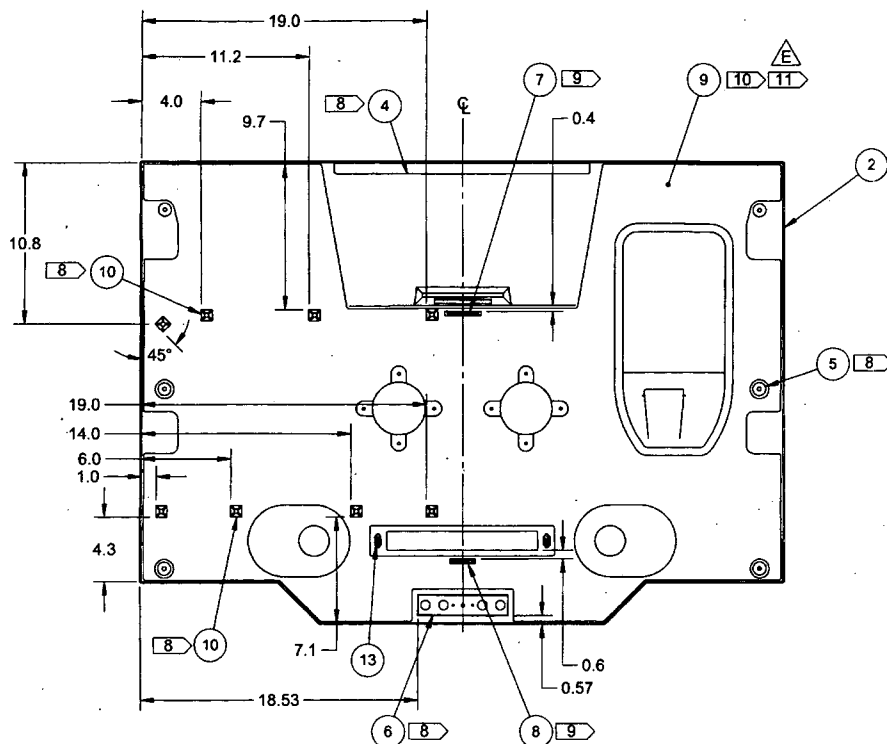
Work Order update only ☐

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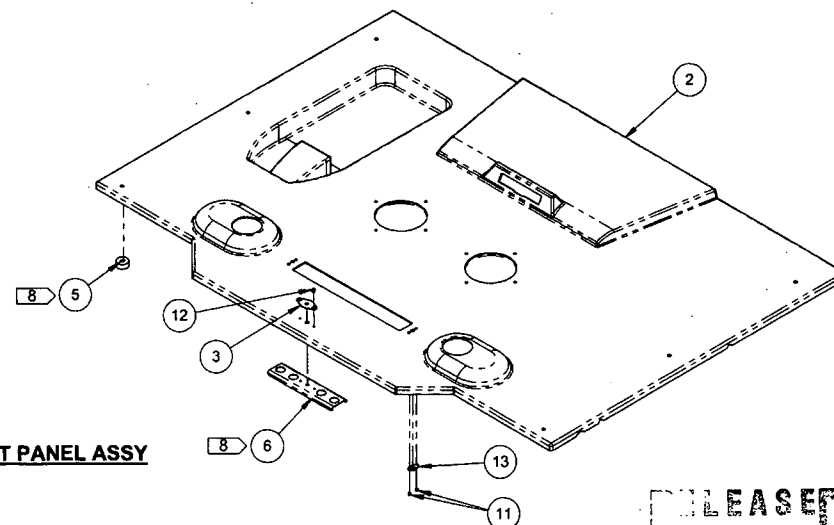


**D4634-141 FWD, CENTER CEILING REPLACEMENT PANEL ASSY**

**NOTES:**

- 1) MATERIAL: N/A
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: N/A
- 7) WEIGHT: N/A
- 8) APPLY A BEAD (0.20 TO 0.30 WIDE) OF DEVCON PLASTIC WELDER II (0.25 INSIDE OF BOTH EDGES OF PART) TO BOND D4664-5, D4712-1 & MPNY-750S-9C. WAIT FOR 2 TO 4 HOURS FOR FUNCTIONAL CURE.
- 9) LOCATE LABELS AS SHOWN, SEAL LABELS USING 3950 EDGE SEALER OVER LABEL TOP SURFACE
- 10) APPLY AN EVEN COAT OF 3M SCOTCH WELD 1300L CONTACT ADHESIVE TO BOND D5021-1 FOAM CORE TO INSIDE OF PANEL
- 11) CENTER D5021-1 FOAM ON D4634-1

ITEM NO.	QTY.	PART NUMBER	DESCRIPTION
1	X	D4634-141	FWD, CENTER CEILING REPLACEMENT PANEL ASSY
2	1	D4634-1	FWD, CENTER CEILING PANEL
3	1	D4636-5	BRACKET
4	1	D4647-5	DOUBLER
5	6	D4664-5	SPACER
6	1	D4712-1	BRACKET
7	1	D4732-19	LABEL
8	1	D4732-15	LABEL
9	1	D5021-1	FOAM, CENTER PANEL, FWD
10	8	MPNY-750S-9-C	MOUNTING PAD
11	4	MS20426AD3-(4)	RIVET
12	2	MS20426AD4-(6)	RIVET
13	2	MS21059L08	ANCHOR NUT



RELEASED  
2014-01-22

DESIGN	RF	<b>DART AEROSPACE LTD</b> HAWKESBURY, ONTARIO, CANADA	
DRAWN	RF		
CHECKED	BC	DRAWING NO. <b>D4634</b>	REV. E
MFG. APPR.	AC		SHEET 7 OF 17
APPROVED	AS	TITLE <b>CENTER CEILING PANELS</b>	SCALE NTS
DE APPR.	TH		
DATE	14.01.09	<small>COPYRIGHT © 2012 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL, AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.</small>	

112 039 MP  
14 01-28

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



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